

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. EDDIE BERNICE JOHNSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Mailing Address 3102 Maple Ave
Ste 605

City Dallas State TX Zip Code 75201-1223

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Eddie Bernice JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 30

Transaction ID : B02955DDE9B5546B598C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121-3940

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Lois CappsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 24

Transaction ID : BA23D1A91DCBD499CA44

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Mailing Address P.O. BOX 14496

City Poland State OH Zip Code 44514-7496

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Bill JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID : BD21BE1D4FBA34DB3A4F

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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